

Service Area Plan

Department of Health

HIV/AIDS Prevention and Treatment Services (40506)

Service Area Background Information

Service Area Description

HIV/AIDS Prevention and Treatment Services seeks to reduce the burden of HIV/AIDS on the Commonwealth. This service area identifies populations at greatest risk for becoming infected, provides services to prevent new HIV infections among individuals at risk, tracks the disease, links infected individuals into care, and provides treatment/medication to individuals who would otherwise be unable to access care. Additional activities include, but are not limited to:

- Development of policies and guidelines;
- Grants management for HIV prevention, surveillance and care;
- Funding of community-based organizations to provide health education programs to individuals at risk for acquiring or transmitting the disease;
- Public information for both the general public and targeted groups through hotline services and public information campaigns;
- Quality assurance for both health department and community-based service provision; and
- Provision of pharmaceutical services and medications to low income, uninsured persons for the treatment of HIV infection through the AIDS Drug Assistance Program (ADAP).

Service Area Alignment to Mission

This service area directly aligns with the agency mission to promote and protect the health of Virginians. By reducing risk behaviors, tracking disease trends and assisting individuals with accessing care and medications, the program improves the health of both people and their communities, particularly those populations infected with and impacted by HIV.

Service Area Statutory Authority

- Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.
 - § 32.1-36 of the Code of Virginia and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health Regulations for Disease Reporting and Control mandate reporting of specific diseases, including AIDS and HIV infection.
 - §§ 32.1-36.1, 32.1-37.2, and 32.1-55.1 of the Code of Virginia respectively establish mandatory confidentiality of testing, counseling requirements for HIV testing, and the establishment of additional anonymous testing sites.
 - § 32.1-11.2 established the AIDS Services and Education Grants program which provides outreach, education and support services to high-risk populations.
 - § 32.1-36 allows for the voluntary reporting of additional information at the request of the Virginia Department of Health for special surveillance or epidemiological studies.
 - § 32.1-37.2 requires that partner notification services (partner counseling and referral services) be offered to individuals who test positive for HIV.
 - § 32.1-11.2 established pilot treatment centers and regional AIDS resource and consultation centers
- Chapter 24, §54.1-2403.01, requires practitioners to advise pregnant women in their care about the value of HIV testing and to request that they consent to testing.

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Service Area Customer Base

Customer(s)	Served	Potential
Community-Based Organization Staff	100	180
Federal/Military Facilities	5	5
Health Care Providers who would receive training through the Statewide HIV/AIDS Resource Center	2,000	2,000
High-Risk Heterosexuals	44,000	88,000
Incarcerated Individuals	5,175	53,000
Injection Drug Users/Substance Abusers	4,350	146,000
Local Health Dept staff	82	105
Men who have Sex with Men	10,500	175,000
Other State Agencies	3	6
People Living with HIV	3,000	22,000
People Living with HIV Using Primary Medical Care and Support Services	3,278	3,780
People Living with HIV Using the AIDS Drug Assistance Program	3,409	3,920
People Living with HIV who are Newly Diagnosed or Lost to Care	432	497
Persons in STD clinic	54,000	60,000
Pregnant Women	22,000	100,000
Private Hospitals/Clinics/Long-term Care	350	6,099
Private Labs	25	183
Private Physicians	6,500	6,500
Public Correctional Facilities/Jails	19	24
Public Labs (Division of Consolidated Lab Services)	6	6
Racial/Ethnic Minorities	75,000	150,000
Recipients of Published Data/reports	10,500	42,000
U.S. State/Territorial HIV Surveillance Programs	61	61
Youth (out-of-school, incarcerated and other high-risk youth)	5,664	10,000

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Anticipated Changes In Service Area Customer Base

- Increases in syphilis and reported methamphetamine use among men who have sex with men may signal an increase in HIV infection among this population. Additional resources or redirection of resources may be needed to address this population.
- Latinos represent a larger proportion of Virginia's population than in past years. Cases of HIV have also begun to increase among this population. New language and culturally-specific services will be needed to address this population.
- Implementation of new CDC priority surveillance projects and electronic reporting requirements will increase collaborative relationships with and need to provide technical assistance and support to 182 private laboratories, including all high-complexity labs in Virginia and the five large national reference laboratories.
- The number of individuals in need of HIV-related health care services is expected to continue to increase. Although the number of new clients has remained relatively stable, the duration of enrollment in services continues to increase. This trend is expected to continue. This increase in service duration is largely due to the success of current treatment strategies. In the past, clients would frequently transition to disability-based Medicaid eligibility if their HIV disease progressed. The rate of transition has slowed since the disabling effects of HIV are mitigated for many by combination antiretroviral therapy.
- The incidence of both social and medical co-morbidities is increasing among people living with HIV/AIDS. Medical co-morbidities include co-occurring infections like hepatitis C and tuberculosis as well as conditions caused directly by HIV and its treatment. Social co-morbidities include mental illness and substance abuse. These co-morbidities result in an increasing complexity of need for those accessing HIV related health care services.

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Service Area Products and Services

- HIV Prevention and Treatment Services program manages federal grants/cooperative agreements for HIV Prevention, Surveillance and HIV Care services. Responsibilities include awarding funds to local agencies/providers, providing oversight and technical assistance.
- Prevention Services funds eight competitive grant programs to provide education, outreach, community-based HIV testing and prevention case management to high-risk individuals. Currently, 22 organizations provide services to their communities through 46 contracts.
- The HIV/STD and Viral Hepatitis Hotline provides information, crisis counseling and referral to over 7,500 callers per year. The Hotline distributes more than 1,000,000 pamphlets, posters and educational materials annually. Staff develop and/or identify appropriate educational materials for populations at risk.
- Public awareness campaigns are conducted annually for Black AIDS/HIV Awareness Day, National HIV Testing Day, Latino AIDS Awareness Day and World AIDS Day. Fact sheets, posters and promotional materials are developed and distributed to local health districts and community-based organizations. Press releases are issued to the media which highlight locally planned events. Budget allowing, some campaigns include radio and/or other media advertisement.
- The Virginia HIV Prevention Community Planning Committee develops a Comprehensive HIV Prevention Plan to guide population and intervention priorities.
- Training to improve the scientific base of prevention programs is conducted for health educators, outreach workers and prevention case managers. Specific curriculum training on interventions identified by the CDC is also provided.
- Training of health department and community-based staff is conducted in order to provide client services in a culturally competent and non-judgmental manner.
- Capacity building support such as training in grant writing, fiscal management, board development, program evaluation, quality assurance and use of logic models is conducted to support community agency infrastructure.
- Quality assurance through site visits and quarterly report reviews is conducted. Staff develop and monitor standards for HIV prevention interventions and preparation of educators and outreach workers.
- Confidential HIV testing is offered through a variety of venues including STD clinics, TB clinics and Maternal and Child Health clinics. Anonymous testing is provided through 18 sites across the Commonwealth. Publicly-funded testing sites provided counseling and testing services to 64,810 individuals in 2004. Five hundred nine persons were newly identified as HIV-infected. An MOA with the Department of General Services funds HIV testing conducted at the local health departments.
- Memoranda of Agreement (MOA) with local health districts are implemented to support partner counseling and referral services. Two hundred eighteen sex or needle-sharing partners of HIV-infected persons were counseled and provided HIV testing in 2004.
- Oral HIV testing is provided through contracts with community-based organizations and offered in non-traditional settings such as drug treatment centers, detention centers, outreach vans and other street/community venues. Rapid testing is offered through select STD clinics in high morbidity areas and community-based organizations.

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- Training on the use of both oral and rapid testing, including quality assurance measures, is provided.
- HIV/AIDS-related morbidity and mortality trend data on adults and children are compiled from public and private providers, hospitals, and labs, then cleaned and analyzed for emerging trends. These data are disseminated via mailings, web distribution, and various postings statewide to internal and external customers.
- HIV/AIDS information and statistics are presented to customers throughout the year.
- Trainings on Virginia HIV/AIDS reporting regulations, testing technology, and HIV investigations of special epidemiological significance, e.g. unusual mode of transmission, are routinely provided to internal and external customers.
- Technical assistance on the HIV and AIDS case definition and clinical characteristics as well as HIV/AIDS-related policies and procedures is routinely provided.
- The testing of diagnostic blood specimens from all newly reported HIV infections is contracted to the Virginia Public Health Laboratory to: 1) calculate population-based estimates of HIV incidence (new infections) using collected HIV testing information, and 2) monitor and track new infections that are resistant to antiretroviral drugs.
- Linked medical record abstractions and patient interviews are conducted to estimate statewide quality of HIV care, clinical outcomes, risk behaviors, health care utilization, and unmet needs among HIV-infected persons receiving medical care.
- Interviewing populations at high risk of HIV infection in the Norfolk Metropolitan Statistical Area is contracted to Virginia Commonwealth University's Survey of Evaluation and Research Laboratory for the purposes of collecting behavioral risk data for CDC's National HIV Behavioral Surveillance project.
- AIDS Drug Assistance Program (ADAP) provides life sustaining medications to people with HIV who have no other access to treatment. The formulary includes 69 medications for the treatment of HIV infection and the prevention and treatment of HIV related co-morbidities.
- Core services and essential support services are provided to low income, uninsured individuals with HIV infection through a network of five regional consortia. Core services include primary medical care, medications not covered by ADAP, dental care, case management, mental health services and substance abuse services. Supportive services, such as transportation, assist clients to access medical care and remain adherent to antiretroviral therapy. Consortia are responsible for assessing needs and planning services in their regions. Each consortium has a lead agency that is responsible for the administration and coordination of consortium activities and the delivery of services. Federal Title II funding for services is provided through contractual agreement with the lead agencies.
- Three organizations are funded to provide early intervention services. These programs provide increased access to medical treatment and support services for newly diagnosed and underserved individuals with HIV infection.
- The Minority AIDS Initiative funds two community-based organizations to increase access to ADAP, primary medical care and related services for racial and ethnic minorities. This program focuses on identifying and referring individuals at risk for or infected with HIV, or those lost to care in order to link/re-engage them into needed services. These individuals are at high risk of

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disease progression and transmission of HIV to others.

- The Linkages to HIV Care Demonstration Project links HIV-infected persons recently diagnosed at publicly-funded clinics to HIV care providers in order to more effectively obtain the individual and public health benefits of early intervention. A memorandum of agreement funds Virginia Commonwealth University's Survey and Evaluation Research Laboratory to implement this project in the Central Virginia region.
- Training for health care providers on all aspects of HIV/AIDS, hepatitis and sexually transmitted diseases diagnosis and treatment is provided through a contract with the Virginia HIV/AIDS Resource and Consultation Center. A variety of mechanisms including consultation, education and clinical training sessions are used to train providers.
- Health care services utilization trends and projections are identified via data collected through ADAP, the Minority AIDS Initiative and consortia-based services. This information is used for statewide services coordination and planning.

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Factors Impacting Service Area Products and Services

- Declining federal funding for HIV prevention has resulted in elimination and/or reduction in the budgets for some direct service programs.
- New rapid test technology offers many benefits for increasing the number of people who agree to be tested and receive their test results; however, the high cost has limited the expansion of this service.
- New federal requirements for a client-level evaluation system have placed a significant burden on community-based HIV prevention providers. Less time is available to provide services and more staff time must be directed to implementing the data collection system.
- The CDC has required grantees to implement its “Advancing HIV Prevention Initiative”, a strategy which includes: expanded testing to identify more HIV-infected individuals to provide them with prevention services and refer them into care; further reduction of perinatal transmission; and use of new models such as rapid testing and community-based partner counseling and referral services. No funds were allocated for this mandate.
- Additional technical assistance will be needed for community-based organizations to launch the “Diffusion of Effective Behavioral Interventions” programs identified by the CDC.
- Declining and level federal funding for HIV surveillance programs has resulted in reduced ability to conduct mandated surveillance activities. Elimination of the HIV Perinatal Surveillance Program funding has created a burden on surveillance program staff in being able to collect timely and complete HIV perinatal transmission data. Level funding of essential “core” surveillance activities has made it difficult for the surveillance program to implement new CDC-required evaluation measures.
- The reduction of the HIV Behavioral Surveillance funding award by 25% has led to the elimination of key initiatives, including conducting HIV testing of high-risk populations (e.g. injection drug users) who do not normally present to or access medical care services.
- In order to implement the CDC high-priority HIV Incidence and Resistance testing projects to all public and private sites in Virginia as directed by CDC, substantial resources will be required to meet and sustain these critical goals.
- Additional resources will be needed to implement and sustain this National Electronic Disease Surveillance System (NEDSS) and CDC objective and support customer needs.
- In order to conduct the new CDC-mandated surveillance project “Morbidity Monitoring Project”, surveillance staff will need to create the infrastructure to partner with approximately 40 HIV care providers to interview 400 Virginians with HIV infection.
- The federal emphasis on identifying individuals who are infected and facilitating their access to primary medical care and other necessary services has come without additional money to fund the increased demand for services created by this initiative.
- The HIV health care services delivery system is reaching capacity in some areas of the state. Over the past year, one region has reported a waiting list for primary medical care services that has been as long as eight weeks. Other areas of the state have reported lengthening waiting times for availability of an initial appointment for services.

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Anticipated Changes To Service Area Products and Services

- Bi-lingual Spanish speaking educators, counselors, outreach workers and case managers will be needed to address the growing needs of Latino residents. Additional materials will be needed in Spanish.
- Community-based organizations may take a larger role in partner counseling and referral services for newly-diagnosed persons with HIV. This is currently being piloted in response to recommendations from the Centers for Disease Control and Prevention.
- Creating the technical infrastructure to support electronic lab reporting will be required. In addition, training to effectively utilize and train customers on this technology will be required.
- Because of the increasing demand for services and decreases in funding, additional limitations on access to services are anticipated. Impact is expected to be greatest on primary medical care, which is already experiencing a prolonged wait for access to services in some parts of the state.

Service Area Financial Summary

HIV prevention, including HIV counseling and testing, is supported through state and federal funds. The U.S. Centers for Disease Control and Prevention provides the majority of these funds with approximately \$5,000,000 annually.

HIV treatment services receive both federal and state funding. The largest portion of funding for these services, approximately \$22.7 million annually, is provided by Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which is administered federally by the Health Resources and Services Administration.

The Surveillance program receives approximately \$1.24 million federal dollars annually from the U.S. Centers for Disease Control and Prevention to support the program activities of Core, Incidence, Resistance, Behavioral, Capacity Building, and Morbidity Monitoring; these multi-faceted programs are essential to measuring the effectiveness of HIV prevention activities.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$4,117,312	\$27,602,112	\$4,117,312	\$27,602,112
Changes To Base	\$335,161	\$381,665	\$335,161	\$381,665
SERVICE AREA TOTAL	\$4,452,473	\$27,983,777	\$4,452,473	\$27,983,777

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Service Area Objectives, Measures, and Strategies

Objective 40506.01

Decrease new HIV infections among Virginia's citizens.

HIV causes long-term and catastrophic illness which can disable individuals in their prime working years. Prevention of infection benefits the Commonwealth by reducing the disease impact on the community and the associated public and private health care costs and by increasing productivity of individuals contributing to the tax base. Every infection averted is cost beneficial to the state.

This Objective Supports the Following Agency Goals:

- Prevent and control the transmission of communicable diseases.
()
- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.
()
- Promote systems, policies and practices that facilitate improved health for all Virginians.
()
- Collect, maintain and disseminate accurate, timely, and understandable public health information.
()

This Objective Has The Following Measure(s):

- **Measure 40506.01.01**

HIV infection incidence rate

Measure Type: Outcome

Measure Frequency: Annually

Measure Baseline: The three-year rolling average incidence as of 2004 was 14.7 cases per 100,000 persons.

Measure Target: No more than 12 cases per 100,000 by the end of FY08.

Measure Source and Calculation:

HIV is a reportable disease in Virginia. Reports are received from public health clinics, private providers and laboratories. The Division of HIV, STD, and Pharmacy Services (Division) maintains a database of all reported infections. The rate is determined by taking a three-year average of incidence which is calculated by dividing the number of reported infections by the size of the population and multiplying by 100,000.

- **Measure 40506.01.02**

Percentage of individuals with newly-diagnosed HIV infection who receive their HIV test results.

Measure Type: Outcome

Measure Frequency: Annually

Measure Baseline: 61% in 2004

Measure Target: 73% by end of FY08

Measure Source and Calculation:

This measurement is calculated from HIV-1 laboratory slips submitted by public and community-based providers to the Division. Information is recorded in the HIV/AIDS Reporting System database.

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Objective 40506.01 Has the Following Strategies:

- Rapid testing technology will be expanded across the state in both health department and community settings, as funding allows, to increase the percentage of individuals tested who receive the results of their HIV tests.
- Community-based models of partner counseling and referral services will be introduced to identify and offer services to an increased number of people who have been exposed to HIV but may be unaware of their risk.
- The Division will establish referral tracking procedures to ensure that newly-diagnosed individuals referred into care services actually enter into care. Follow-up encounters with newly-diagnosed individuals will also provide an opportunity for further discussion of partners and assessment of risk behaviors for prevention services.
- Division contractors will continue and expand primary prevention services to people living with HIV to prevent transmission of HIV to others.
- Ryan White Title II care providers will offer prevention messages at primary care visits to patients with HIV.
- The Division will continue the community planning process which involves affected communities in the establishment of priority populations and interventions for HIV prevention through the analysis of epidemiologic data, development of needs assessments and identification of science-based interventions.
- By conducting testing to determine HIV infection at a population-based level, HIV Incidence Project data will be utilized to calculate state and national HIV incidence rates and provide data that will accurately characterize current HIV transmission. These data will be used to better identify those becoming newly infected so that the Division can monitor trends, evaluate programs and redirect prevention resources to populations or communities most at risk. More effective targeting of HIV prevention should contribute to decreases in the incidence of new HIV infections.
- In 2005, the Virginia HIV/AIDS Surveillance Program (VSP) will develop an on-going behavioral surveillance system to ascertain the prevalence of HIV risk behaviors among groups at high risk for HIV infection, to assist in developing and evaluating state and national prevention services and programs.
 - The VSP will collaborate with HIV/AIDS prevention programs to assess exposure to and use of HIV prevention programs.
 - The VSP will disseminate study data for use in state/local prevention and in treatment services planning and evaluation.

Objective 40506.02

Ensure that HIV-infected individuals receive optimal health care services that prolong length and quality of life.

HIV is a complex disease process. Presentation, symptomatology, and co-morbidities vary widely from person to person and are impacted by host, virological and environmental factors as well as timely access to diagnosis and treatment. Treatment options, drug therapies and standards of care frequently change. This requires a vigilant public health response to ensure effective treatment and sufficient resources to keep pace with new medical technology. With effective medical and supportive treatment, many people with HIV can live productive lives and remain employed. Without these services, HIV disease progresses, resulting in a rapid decline in health leading to disability and death.

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This Objective Supports the Following Agency Goals:

- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.
()
- Promote systems, policies and practices that facilitate improved health for all Virginians.
()

This Objective Has The Following Measure(s):

● **Measure 40506.02.01**

Five-Year HIV Survival Rate

Measure Type: Outcome **Measure Frequency:** Annually

Measure Baseline: The five-year survival percentage was 93.7% for 1999 diagnoses.

Measure Target: Maintain at no lower than 93% during FY07.

Measure Source and Calculation:

Surveillance data attempt to characterize the earliest date of HIV infection. This information is gathered from reports received from public health clinics, private providers and laboratories. The survival percentage is calculated by determining the percent of cases diagnosed each year with HIV who are alive five years after the original diagnosis.

● **Measure 40506.02.02**

Percent of HIV-Infected Persons Receiving Optimal Drug Therapy

Measure Type: Outcome **Measure Frequency:** Annually

Measure Baseline: For fiscal year 2004, 97.7% of active ADAP clients receiving antiretrovirals were on regimens containing three or more medications.

Measure Target: Maintain at least 96% during FY07.

Measure Source and Calculation:

This measure is calculated from client and prescription level data entered into the ADAP database. The percentage is calculated by dividing the number of active clients receiving three or more antiretroviral medications by the total number of active clients receiving any antiretroviral medication in order to determine the percentage.

Objective 40506.02 Has the Following Strategies:

- VDH will monitor the quality of HIV-related services provided with Ryan White CARE Act Title II funding through the use of an Independent Peer Review Team. The team develops and updates standards of care and performs site visits to assess providers' compliance with these standards. A briefing and report of findings are provided to all sites. A corrective action plan is required when deficiencies are identified. Technical assistance is provided to ensure sites are equipped to correct identified deficiencies.
- VDH will monitor antiretroviral prescribing practices through the following mechanisms:
 - Pharmacists will review antiretroviral regimens filled through ADAP. The ADAP Coordinator will follow up with the primary medical provider when regimens containing fewer than three antiretroviral medications are prescribed.
 - The ADAP Coordinator will perform site visits to local health departments to assess all aspects of ADAP operations, including chart reviews to assess compliance with current US PHS Guidelines.

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- VDH will collaborate with the Virginia HIV/ AIDS Resource and Consultation Center and the federally funded Pennsylvania/Mid-Atlantic AIDS Education and Training Center to identify and address training needs of providers serving people living with HIV/ AIDS. Compliance with established standards of care and US Public Health Service Guidelines will be a focus for trainings.
- VDH will involve its customers and stakeholders in continually identifying, developing, and implementing improvements to ADAP and related HIV services. Mechanisms to obtain input will include the following:
 - The ADAP Advisory Committee,
 - The Ryan White Subcommittee of the HIV Community Planning Committee,
 - Regional needs assessments,
 - Public hearings,
 - Client satisfaction surveys, and
 - The development of the Statewide Coordinated Statement of Need and Comprehensive Plan (This process occurs on a 3-year cycle.)
- The Division will coordinate HIV drug resistance testing to monitor and track at a population-based level the rate of antiretroviral drug resistance in those newly infected with HIV. Surveillance staff will analyze project data to calculate state and national HIV resistance transmission rates in those newly infected with HIV in Virginia.
 - The resistance project data will also be utilized to identify and quantify the rate of unusual HIV subtype infections in Virginians, which may require alternate treatment regimens.
- The Virginia HIV/ AIDS Surveillance Program will begin an on-going surveillance project called Morbidity Monitoring Project in 2006 that will conduct medical abstractions and patient interviews to:
 - Examine and measure the utilization of HIV/ AIDS medical and prevention services and variations in utilization across geographic locations, across healthcare systems, and across patient clinical and demographic characteristics;
 - Pool data locally and nationally to direct policy planning, resource allocation, and benchmark and evaluate states' progress towards
 - Access to and quality of HIV medical care, and
 - Determining the severity of need of HIV patients at both the local and national level.